



CDC's Country Management and Support Initiative

Report Summary for January 2012 Country Management and Support Visit to Cameroon

Background

As the U.S. science-based public health and disease prevention agency, the Centers for Disease Control and Prevention (CDC) plays an important role in implementing the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) under the direction of the Department of State Office of the U.S. Global AIDS Coordinator. CDC uses its technical expertise in public health science and long-standing relationships with Ministries of Health across the globe to work side-by-side with countries to build strong national programs and sustainable public health systems that can respond effectively to the global HIV/AIDS epidemic. All CDC global HIV/AIDS PEPFAR-related activities are implemented by the Division of Global HIV/AIDS (DGHA) in CDC's Center for Global Health.

CDC's Commitment to Accountability

CDC/DGHA launched the Country Management and Support (CMS) initiative in 2011 to identify any challenges resulting from the rapid scale-up of complex PEPFAR/CDC programming as part of CDC's commitment to transparency and accountability. This initiative serves as a basis for ongoing, monitored quality improvement of CDC/DGHA's programs and operations through internal programmatic and financial oversight. CMS is a proactive response on the part of CDC to ensure that CDC/DGHA is supporting the Presidential Initiatives, Department of State, and Office of the U.S. Global AIDS Coordinator. The CMS strategy is designed to assess CDC/DGHA's accountability in the following key areas:

- **Intramural Resources:** Ensuring proper management and stewardship of financial resources, property, and human resources within CDC's overseas offices
- **Extramural Funding:** Ensuring responsible and accurate management of financial and other resources external to CDC's overseas offices
- **Public Health Impact:** Ensuring the delivery of consistently high quality interventions and technical assistance that positively impact the populations the program serves

Cameroon Country Management and Support Visit

CDC/DGHA conducted a CMS visit to the CDC country office in Cameroon from January 16-20, 2012. The principal objectives of this CMS visit were to:

- Perform a CDC/DGHA headquarters assessment of internal controls in the field to ensure the highest level of accountability
- Provide clear feedback and support to the country office to improve current internal controls
- Refine, systematize, and modify CMS methodologies, processes, and associated tools for full implementation of the CMS across all CDC/DGHA-supported programs in the field

CDC/DGHA headquarters (CDC/HQ) in Atlanta, Georgia assembled an intra-agency multidisciplinary team of six subject matter experts in the following areas to perform the CMS assessment: country management and operations, program budget and extramural resources, financial management, science, and two key technical program areas (e.g., prevention of mother-to-child transmission of HIV, laboratories).

CMS Methodology

The CMS team conducted a five-day visit to the CDC/DGHA office in Cameroon (CDC/Cameroon), which included reviews of financial documents, administrative and technical site visits with grantees, one-on-one meetings with staff, data quality spot checks, and reviews of internal financial controls and policies at CDC and grantee offices. CDC's Procurement and Grants Office conducted a separate desk review of the four grantees receiving funding in Cameroon. Assessment tools and checklists were developed by CMS leadership in consultation with subject matter experts at CDC/HQ. This methodology was designed to provide a "point in time" synopsis of CDC/Cameroon's operations.

Scope

CMS visits are designed to provide an overview of CDC/DGHA country programs and identify best practices and areas for improvement. These visits should not be considered comprehensive and are not intended to replace Inspector General audits. The scope of this CMS visit focused only on the CDC/DGHA portfolio of global HIV/AIDS activities implemented through PEPFAR.

Program Background

CDC/DGHA began supporting Cameroon in 2008 after the CDC's Division of HIV/AIDS Prevention opened the CDC/Cameroon office in 2000 to focus on HIV vaccine research. The main CDC office and laboratory are located in Mutengene, which is a six hour drive from Yaoundé, the capital city, where the US Embassy is located. PEPFAR is the principal U.S. Government health investment in Cameroon and CDC is the primary recipient of PEPFAR funds in country. The main goals of the PEPFAR activities in Cameroon are: prevention of mother-to-child transmission of HIV, laboratory capacity building, blood safety, and strategic information (surveillance, monitoring & evaluation). The staff consists of two direct hire Americans and 16 locally employed staff. The previous Country Director left in June 2011 and a Deputy Director at Large provides operations support virtually and through temporary duty visits. A senior locally employed staff, Deputy Director for Programs, has been the acting Country Director. A Deputy Director for Operations position was created in 2011 but was not filled until December of that year. The Deputy Director for Operations is currently undergoing mandatory deployment training while providing temporary duty support, and is scheduled to deploy in summer 2012.

Summary of Key Findings and Recommendations

Program Administration and Technical Oversight

Country Operations. The most salient findings were the overwhelmingly positive staff morale, though the ongoing issues of the pending office move to Yaoundé and the lack of a permanent Country Director remain major concerns for the staff. The process of hiring and deploying United States direct hire staff has been slow and coverage for vacant positions poses a significant challenge. Official personnel files for CDC/Cameroon locally employed staff are kept at the US Embassy. Information and documents from the files are accessible upon request, but may take several days before being made available.

Recommendations:

- CDC senior management should prioritize the move to Yaoundé and communicate often and openly with the staff to keep them informed
- CDC/HQ senior management should prioritize the hiring of a Country Director and the relocation of the incoming Deputy Director for Operations to Yaoundé
- CDC/Cameroon should create and maintain secured personnel files for all CDC/Cameroon locally employed staff in-country for easier and timely access

Country Management. The CMS team noted the strength of CDC/Cameroon's focus on partnering with local organizations, which will enhance local ownership and sustainability of the CDC/Cameroon program in the long run. However, many of the grantees are new and do not have experience working with the US Government; these grantees need strong support in cooperative agreement management. The Deputy Director for Programs is often travelling and few regular meetings with senior staff occur. Hence, the communication within the CDC/Cameroon office needs to improve.

Recommendations:

- Deputy Director for Programs /Cameroon should organize regular weekly senior staff meetings
- Deputy Director for Programs /Cameroon and incoming Deputy Director of Operations should have weekly meetings and/or phone calls to keep each other informed

CDC/Cameroon staff meets regularly with grantees but no formal system is in place to document findings, discussions and follow-up actions. In addition, the CDC/Cameroon team has not yet initiated any partner portfolio reviews to assess grantees' performance (i.e., results achieved versus targets set, budget pipeline analyses etc.).

Recommendations:

- CDC/Cameroon and the CDC Procurement and Grants Office should provide support to new grantees and organize training workshops to explain administrative procedures in detail
- CDC/Cameroon should develop a plan for regular grantee site visits and start using standardized tools for documenting findings and follow-up actions that arise from these visits
- CDC/Cameroon should begin doing grantee performance reviews to better equip CDC for strategic discussions during Country Operational Plan development, and to ensure proper budget allocations for CDC's expanding mandate especially in prevention of mother-to-child transmission of HIV

Science Office. The CMS team found no written delegation of Science Office responsibilities in Cameroon and currently no standard operating procedures for reviewing and clearing protocols and manuscripts. Documents are stored electronically on the office shared drive, but no formalized filing process exists. Three out of the four technical CDC/Cameroon staff have received Scientific Ethics Training and have their Scientific Ethic Verification numbers, but no further training on how to keep files or establish such a system has been done.

Recommendations:

- CDC/Cameroon should develop written standard operating procedures for reviewing and tracking protocols and manuscripts
- CDC/Cameroon should train all technical staff to access and maintain Associate Director for Science files, as well as to develop repositories for maintaining all protocols, manuscripts, regulatory files, etc.
- CDC/Cameroon should ensure remaining staff complete online certification exams and apply for a Scientific Ethic Verification number. Human subjects training for new staff and advanced training for existing staff should also be undertaken

Technical Program Areas. The CMS team found that CDC/Cameroon has adopted the correct strategy for its prevention of mother-to-child transmission of HIV (PMTCT) program as it promotes country ownership by allocating PEPFAR PMTCT funds mostly to government and local grantees. It also uses the integrated approach as promoted by the Global Health Initiative. Nevertheless, many challenges remain, including: a lack of dedicated CDC prevention of PMTCT staff; low antenatal and PMTCT coverage; and the lack of a strong national PMTCT Technical Working Group to oversee standards and finalize the draft national tools and curricula.

Recommendations:

- CDC/Cameroon should rapidly employ additional PMTCT staff
- CDC/Cameroon should ensure close coordination between other PEPFAR US Government agencies (Peace Corps) and PMTCT grantees on community activities to strengthen ANC uptake
- CDC/Cameroon should work with the Cameroonian government to strengthen the national PMTCT Technical Working Group so it can play a coordinating role

The CMS team also noted that no centralized, national blood transfusion organization exists in Cameroon and efforts to create one appear fragmented. Two laboratory-supported grantees have made remarkable progress by implementing a national laboratory policy; continuing to implement the Basic Laboratory Information System, which is a critical component of quality management systems; and guiding five laboratories through the Strengthening Laboratory Management towards Accreditation (SLMTA) process. Documentation of field supervision of CDC grantees and sites needs to be improved, and both CDC/Cameroon and grantees need to be better informed of cooperative agreement process.

Recommendations:

- CDC/HQ blood safety staff should provide a technical assistance visit
- CDC/Cameroon should work closely with the Cameroonian Government to improve laboratory aspect of HIV programs, especially CD4 counts and proficiency testing of HIV rapid tests

Program Management

Program Budget and Extramural. CMS team members from DGHA's Program Budget and Extramural Management Branch (PBEMB) found that the CDC/Cameroon office has solid internal controls and that they are good stewards of federal tax dollars. In general, CDC/Cameroon is managing the budget and extramural funding well. However, a comprehensive budgeting system for tracking cooperative agreements and contract obligations is not in place. While an adequate system exists for reviewing and reconciling management and operation expenditures (salaries, benefits, supplies, etc.), no such system exists for cooperative agreements and contracts.

Recommendation:

- CDC/Cameroon should develop a system for reviewing cooperative agreements and contracts that is similar to the existing system for management and operation expenditures

CDC/Cameroon staff meets regularly with grantees, but no formal system is in place to document findings, discussions, and follow-up actions. It is also clear that the CDC team has not done any partner portfolio reviews to assess whether grantees achieved targets, budget pipeline analyses, etc.

Recommendation:

- CDC/Cameroon should develop a plan for regular site visits and implement standardized tools for documenting findings and follow-up actions that arise from these visits

Procurement and Grants. CDC's Procurement and Grants Office (PGO) staff conducted a desk review and held conference calls with the four grantees receiving funding in Cameroon: the Cameroon Ministry of Health, the National AIDS Control Committee, the Cameroon Baptist Convention Health Board, and Global Health Systems Solutions. All four grantees demonstrated eagerness to work with CDC/Cameroon, as well as the desire to improve their practices through the development and implementation of new written policies and procedures. The CMS team noted a lack of regular site visits to grantees.

Recommendations:

- CDC/Cameroon or CDC/HQ should provide all grantees formal training on grants management, familiarizing them with the US Government regulations and principles governing their awards
- CDC/Cameroon should conduct regular, structured meetings with grantees to explain revised Notices of Awards; hold working sessions to review continuation applications; revise budgets when redirections are requested; review responses for lifting restrictions; and maintain an open line of communication and collaborative approach to resolving all issues associated with the cooperative agreement

Financial Management

The Financial Management Office (FMO) took part in this CMS visit and found locally employed budget and financial staff to be very knowledgeable of both Department of State (DoS) and CDC Cameroon procedures and that they are committed to ensuring adequate procedures are in place and followed. The day to day office operations are run by the Finance Manager who also serves as the sub-cashier. CDC/Cameroon staff communicates with FMO Atlanta Budget and Embassy staff as needed and review office expenditures using the DoS and CDC reports that are provided. DoS personnel indicate that CDC leadership is held responsible for ensuring all transactions are consistent with applicable policies, authorities, and regulations.

Next Steps

The CMS team shared their key findings and recommendations with the CDC/Cameroon office and CDC/HQ. The team also developed a scorecard for internal management use, which is populated with all of the issues identified during the visit, recommendations, due dates, and primary points of contact for each issue.